

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP		FEC IDENTIFICATION NUMBER ▼ C C00586826	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2015	

Full Name of Payee PRECISION DATA MANAGEMENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2015	
Mailing Address 2000 EDMUND HALLEY DR SUITE 250		Amount 2058.40	
City RESTON	State VA	Zip Code 20191	Transaction ID : SE.4190
Purpose of Expenditure eMAIL VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		2058.40	

Full Name of Payee TMA DIRECT INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2015	
Mailing Address 2000 EDMUND HALLEY DR SUITE 250		Amount 334.81	
City RESTON	State VA	Zip Code 20191	Transaction ID : SE.4189
Purpose of Expenditure eMAIL VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2015	
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		59000.59	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2393.21
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 11 / 2016

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
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Form/Schedule: SE
Transaction ID : SE.4190

THIS AMOUNT WAS REDUCED FROM \$2,150 AND WAS PAID IN TWO INSTALLMENTS: \$1,127.44 ON 10/26
AND \$930.96 ON 10/28/2015.

Form/Schedule:
Transaction ID: